

The Primary Duty of the Board is to Protect the Public Through the Regulation of the Practice of Naturopathic Medicine

Do you have a complaint against a naturopathic physician licensed in the State of Arizona? Do you have a complaint against a naturopathic preceptee, student or medical assistant? The process for resolution of the complaint begins with you.

Step One

A Complaint against a physician must be initiated with a written and signed complaint form. You may call our office 602-542-8242 to receive a form by mail or you may download this form from this website. Every complaint sent to NPBOMEX is investigate providing sufficient information is received, namely

- 1. Name and address of the physician
- 2. Name and address of the person lodging the complaint
- 3. Name of the patient
- 4. Dates of treatment
- 5. Information regarding the circumstance resulting in this complaint

Step Two

A letter of acknowledgement will be sent to you when the complaint is received by NPBOMEX stating that an investigation has been initiated. A letter of notification is sent to the physician and contains the complainant's name and the circumstances alleged in the complaint usually in the form of a copy of the complaint form.

Step Three

Once the physician's response has been received by the Board, a copy will be forwarded to the complainant for review and comments. The complainant will have 10 days to respond with comments. The investigation process is extensive and may take several months before this portion of the process is completed.

Step Four

The complaint is brought to the board for decision at a public meeting. You will be notified in advance of this meeting and may attend and speak to the Board in your or the patient's behalf: however, this is not a requirement. Once a decision is made by the Board, a letter will be sent to you regarding the outcome of the complaint.

Decision Options Available to the Board

Non- disciplinary Action;

Letter of Concern- Advisory letter issued stating that while there is insufficient evidence to support disciplinary action, the board believes the person should modify or eliminate certain practices and that continuation of the activities that let to the information being submitted may result in action against the person's license or certificate.

Dismiss – In the opinion of the Board, the evidence is insufficient to support further action.

Disciplinary Action

Letter of Reprimand- Letter issued informing the person that the conduct violate state or federal law but does not require the board to restrict the person's license or certificate because the person's conduct did not result in harm to a patient or to the public

Enter into a Consent Agreement and order- A consent order represents a compromise between the agency and licensee involving some form of disciplinary or corrective action and may include the payment of civil penalties and investigative costs.

Decree of Censure - This is an official action against the doctor's license and may include a requirement for restitution of fees to a patient resulting from violations under the naturopathic law

Probation – Fix period and terms of probation best adapted to protect the public health and safety and rehabilitate or educate the doctor concerned. It may include: Temporary license suspension, restriction of license restitution of fees to a patient, education, and rehabilitate at licensee's own expense

Suspension/Revocation of License- If the Board feels this is the appropriate action, it must initiate formal proceedings in accord with Title 41, Chapter 6 Article 10

Naturopathic Physicians Board of Medical Examiners

1400 W. Washington St ♦ Suite 230 ♦ Phoenix, AZ 85007 Voice Telephone (602) 542-8242 ♦ FAX 602-542-3093 Voice Replay Service at (800) 842-4681 or the TTY Service at (800) 367-8939 Governor: Janet Napolitano ♦ Executive Director: Craig Runbeck, NMD

COMPLAINT FORM

(PLEASE PRINT OR TYPE INFORMATION)

I REQUEST THE BOARD TO INVESTIGATE MY COMPLAINT.

Complainant's Name:

Remit Complaint: Gail Anthony Investigator

Address:		
	Work Phone	
Patient's Name:		
If different fro	om above	
Physician's Name:		
Contact Phone:		
- · · · · ·		
Address		

I HEARBY ATTEST THAT THE INFORMATION CONTAINED IN THIS COMPLAINT AND ANY INFORMATION AND DOCUMENTS ATTACHED TO THIS COMPLAINT FILED IN GOOD FAITH WITH THE STATE OF ARIZONA NATUROPATHIC PHYSCIANS BOARD OF MEDICAL EXAMINERS I UNDERSTAND THAT THE BOARD MAY AND HAS MY PERMISSION TO OBTAIN MEDICAL RECORDS.

Signature:	Date:
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PLEASE STATE YOUR COMPLAINT ON AN ATTACHED SHEET OF PAPER. DESCRIBE IN DETAIL EACH PROBLEM WITH THE PHYSICIAN. PROVIDE DATES OF VISITS, NAMES, ADDRESSES AND PHONE NUMBERS OF WITNESSES. SEND PHOTOCOPIES OF ADVERTISEMENTS, PRESCRIPTIONS, BILLINGS AND OTHER DOCUMENTS RELATED TO YOUR PROBLEM.

What is the Nature of Your Complaint:
You may attach additional pages to this form in order to fully explain.

SUMMARY OF COMPLAINT:		
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Print Name	Signature	Date